

EPA

March 2006

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PAD987283967			EIN		
Handler Name		MPI Research Inc.					
Street		3058 Research Drive					
City	State College		State	PA	Zip Code	16801	
Actual Generator Status <i>Check only if different from Notified Status.</i>			LQG <input checked="" type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/>	Closed <input type="checkbox"/>	Non-Handler <input type="checkbox"/>
Universe Change Required? <i>(Generator Status Change Required)</i>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).				
RCRA Non-Notifier?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).				
Other Facility Information Changes?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).				
*EVALUATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete <i>You must provide an Evaluation Identifier (also known as the Sequence Number).</i>							
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
	FUI	11/19/2007	S	LSC	WM		
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			8/27/07 8/16/07		Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.		
Notes:							
Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI) <i>Regulation-Specific FCI</i> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <i>Routine/Standardized FCI</i> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Update/Delete a Violation?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.		
Does this Evaluation link to a Commitment?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.		
Does this Evaluation link to a 3007 Request?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.		
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in Information below.		
*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)			*Date Determined (mm/dd/yyyy)	

*Required Fields

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4	262.D	S	08/27/07	<input type="radio"/> A RTC Qualifier is required if entering an Actual RTC Date.		11/19/2007	
Notes:							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
FR		262.42(a)(2)					
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*Required Fields

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Clarion
1	2	3	4			40 CFR Part 268
				Generators		
		X		Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
		X		Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
		X		Dilution not used as a substitute for treatment.		3
		X		Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				Storage Facilities		
		X		Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
		X		Containers marked to identify contents and accumulation date.		50(a)(2)
		X		Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
		X		Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
		X		Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
				Treatment Facilities, including PBR and RRR Facilities		
		X		Dilution not used as a substitute for treatment.		3
		X		Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
		X		Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
				Land Disposal Facilities		
		X		Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
		X		Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
		X		Facility retains copies of generator notifications and certifications.		7(c)(1)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Inspection Date _____

Time Start _____

Time Finish _____

EFACTS: 1666177

HAZARDOUS WASTE INSPECTION REPORT☒ **GENERATOR**☐ **S Q GENERATOR**Company name MPI Research Inc.EPA I.D. Number PAD987283967

Employer I.D. Number (EIN) _____

Site Address 3058 Research Drive, State College, PA

County Centre _____

Municipality Ferguson Twp.Zip 16801Name of Inspector Schane Confer, Solid Waste Specialist; Jim Greene, Solid Waste SupervisorName & Title of Responsible Official Raylene KreiserPerson Interviewed Raylene KreiserTelephone (814) 231-8032

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: ~2183 Pounds _____ Kgs _____**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☒ Small Quantity HandlerUniversal Waste Types Fluorescent Lamps**3. Hazardous Waste Transporters:**Transporter Name Republic Env. Sys License Number PA AH 0317

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001, D002, F002	Waste flammable liquids, corrosive (methanol, HCl)	Republic Env Sys (PA) Inc Hatfield, PA
F002, F003, F005, D008, D009	Hazardous waste solid (methylene chloride, lead, mercury)	
D001	Waste flammable liquid (methanol, acetonitrile)	
D001, D002, D009, F002, F003, F005	Waste flammable corrosive, liquids (HCl, methylene chloride)	
D001, F003, F005	Waste flammable liquids (toluene, acetone)	
D002, D007	Waste corrosive liquid, toxic, inorganic	
D001	Waste potassium chloride	
D002	Waste corrosive liquid bask organic	
	Toxic liquids organic	
D001	Waste flammable solids organic	
D089	RQ Waste mercury	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 11/19/07 Identification Number PAD987283967

Company/Facility/Site Name MPI Research Inc

Comments:

The Department has received the exception report for manifest number 000302249FLE that had no returned copy. This corrects the violation of 40 CFR 262.42(a)(2).

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed MAIL TO MPI RESEARCH
(Signature)

Date _____

Inspector

[Signature]
(Signature)

Date 11/19/07



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VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		<input type="text"/>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		<input type="text"/>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HANDLER SECTION (Fill out if RCRA Non-Notifier)							
Handler Name		Contact					
Street							
City	State	Zip Code					
County							
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)							
i. Indicate the Facility's current Universe(s):							
ii. Indicate the new RCRAInfo Generator Universe: <small>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</small>				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)		Transporter <input type="checkbox"/> <small>If the transporter box is checked, you must check at least one mode of transportation below:</small> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway			Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.		

*Required Fields

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable				3-Not Determined				4-Non-Compliance			
Status				REQUIREMENT								Citation			
1	2	3	4									40 CFR Part 268			
				Generators											
X				Notification sent with shipments of wastes that do not meet treatment standards.								7(a)(1)			
X				Notification and certification sent with shipments of wastes meeting treatment standards.								7(a)(2)			
X				Dilution not used as a substitute for treatment.								3			
X				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.								7(a)(5), (a)(6)			
				Storage Facilities											
	X			Facility verifies generators classification of waste in accordance with waste analysis plan.								25 Pa Code 265.13(c)			
	X			Containers marked to identify contents and accumulation date.								50(a)(2)			
	X			Notification sent with shipments of wastes that do not meet treatment standards.								7(a)(1)			
	X			Notification and certification sent with shipments of wastes meeting treatment standards.								7(a)(2)			
	X			Facility maintains records of documents produced pursuant to LDR requirements.								7(a)(6)			
				Treatment Facilities, Including PBR and RRR Facilities											
	X			Dilution not used as a substitute for treatment.								3			
	X			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.								7(b)			
	X			Certification and/or notification sent with shipments of waste.								7(b)(4), (b)(5), (b)(6)			
				Land Disposal Facilities											
	X			Facility tests wastes received to assure compliance with applicable treatment standards.								7(c)(2)			
	X			Facility land disposes of restricted waste only if it meets applicable treatment standard.								40			
	X			Facility retains copies of generator notifications and certifications.								7(c)(1)			



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Inspection Date 8/6/07

Time Start _____

Time Finish _____

HAZARDOUS WASTE INSPECTION REPORT☒ **GENERATOR**☐ **S Q GENERATOR**FIELD
FILE
EPACompany name MPI Research Inc.EPA I.D. Number PAD987283967 Employer I.D. Number (EIN) _____Site Address 3058 Research Drive, State College, PACounty Centre Municipality Ferguson Twp. Zip 16801Name of Inspector Schane Confer, Solid Waste SpecialistName & Title of Responsible Official Raylene Kreiser,Person Interviewed Eric edwards Telephone (814) 231-8032

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: ~2183 Pounds _____ Kgs _____**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☒ Small Quantity HandlerUniversal Waste Types Fluorescent Lamps**3. Hazardous Waste Transporters:**Transporter Name Republic Env. Sys License Number PAD082661381

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001, D002, F002	Waste flammable liquids, corrosive (methanol, HCl)	Republic Env Sys (PA) Inc Hatfield, PA
F002, F003, F005, D008, D009	Hazardous waste solid (methylene chloride, lead, mercury)	
D001	Waste flammable liquid (methanol, acetonitrile)	
D001, D002, D009, F002, F003, F005	Waste flammable corrosive, liquids (HCl, methylene chloride)	
D001, F003, F005	Waste flammable liquids (toluene, acetone)	
D002, D007	Waste corrosive liquid, toxic, inorganic	
D001	Waste potassium chloride	
D002	Waste corrosive liquid bask organic	
	Toxic liquids organic	
D001	Waste flammable solids organic	
D089	RQ Waste mercury	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name MPI Research Inc. ID Number PAD987283967 Date 8/6/07

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
		X		Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name MPI Research Inc. ID Number PAD987283967 Date 8/6/07

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 8/6/07 Identification Number PAD987283967

Company/Facility/Site Name MPI Research Inc

Comments:

The Department performed an unannounced routine hazardous waste inspection at the above listed facility. Eric Edwards and Raylene Kreiser represented the facility.

MPI Research Inc., formerly Exygen Research Inc., is a laboratory that does testing primarily for the pharmaceutical industry. In the process of testing hazardous waste is generated. At the work stations hazardous waste is placed into a glass jug and stored in a cabinet until the end of the day. The waste is transported to the 90 storage area, where it is then placed into one of several 55 gallon containers.

Areas visited during the inspection:

- 90 day storage area
- Building 1 laboratories (1st, 2nd 3rd floors)
- Miroc lab
- Universal waste storage areas

During the inspection the 90 day storage area was visited. There were 5 containers being used for hazardous waste storage. All containers were labeled properly. The oldest container was dated July 9, 2007.

In each of the labs there is a vent hood. In the vent hood, when needed, there are glass hazardous waste containers for the various waste streams. Containers are labeled with the words "Hazardous Waste" and the contents of the containers. The containers are then placed in a cabinet to await transport to the 90 storage area. The containers are then transported to the storage area via a tow tiered cart with protective styrofoam.

The facility stores waste lamps in both buildings 1 and 2. The waste lamps are stored in a large, lidded cardboard tube. The tubes are properly labeled and dated. The facility is in the process of switching to green tipped lamps.


During the manifest review it was noted that manifest # 000302249FLE did not have a return signature on the manifest and the manifest carbon copy had ink markings on the manifest. The ink markings appeared to be placed on the manifest after the waste was offered for shipment. Ms. Kreiser explained it is believed the manifest did not have any waste shipped with the manifest. Ms. Kreiser could not stay for the remainder of the inspection due to pressing personal business and will look into the manifest when returning to the facility. Therefore the Department will follow up with Ms. Kreiser. A copy of the manifest was made for the Department. Line item H006 was marked undetermined in relation to this matter.

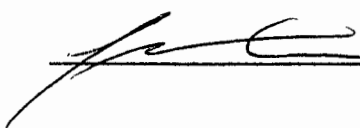
During the inspection manifests, PPC, biennial report, source reduction strategy, and training records were reviewed.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed  Date 8/6/07
(Signature)

Inspector  Date 8/6/07
(Signature)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 40587283967	2. Page 1 of 1	3. Emergency Response Phone (800)567-7455	4. Manifest Tracking Number 000302249 FLE					
		5. Generator's Name and Mailing Address OXYGEN RESEARCH INC 3058 RESEARCH DRIVE STATE COLLEGE PA 16801 Generator's Phone: 814 331-2032								
6. Transporter 1 Company Name REPUBLIC ENV SYS (TRANS GROUP)		U.S. EPA ID Number PA0982661381								
7. Transporter 2 Company Name		U.S. EPA ID Number								
8. Designated Facility Name and Site Address REPUBLIC ENV SYS (PA), INC. 2869 SANDSTONE DRIVE HATFIELD PA 19440 Facility's Phone: 215 822-8995		U.S. EPA ID Number PA0085690592								
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes			
	X	WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., 2 (B) UN2924, PGIII, (HYDROCHLORIC ACID, METHYLENE CHLORIDE), (6001)* <i>mk</i>	1	X DM	X 300	P	0001	0002	0009	
	2.						F002	F003	F005	
	3.									
	4.									
14. Special Handling Instructions and Additional Information 1061708										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name Kaleen MKreiser		Signature <i>[Signature]</i>		Month 02		Day 06		Year 07		
INTL	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
TRANSPORTER	Transporter 1 Printed/Typed Name Brian Duffin		Signature <i>[Signature]</i>		Month 02		Day 06		Year 07	
	Transporter 2 Printed/Typed Name		Signature		Month		Day		Year	
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number: _____									
	18b. Alternate Facility (or Generator) U.S. EPA ID Number									
	Facility's Phone: _____									
	18c. Signature of Alternate Facility (or Generator) Month Day Year									
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. 1111 2. 3. 4.										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name					Signature		Month		Day Year	

RCRAInfo CM&E EVALUATION - VIOLATION FORM

*EPA ID Number		PAD987283967		EIN			
Handler Name		MPI Research Inc.					
Street	3058 Research Drive						
City	State College		State	PA	Zip Code	16801	
Actual Generator Status <i>Check only if different from Notified Status.</i>			LQG <input checked="" type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/>	Closed <input type="checkbox"/>	Non-Handler <input type="checkbox"/>
Universe Change Required? <i>(Generator Status Change Required)</i>			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).				
RCRA Non-Notifier?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).				
Other Facility Information Changes?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).				
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).			
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization		
	FUI	08/27/2007	S	LSC	WM		
Day Zero (mm/dd/yyyy): You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.			8/16/07 8/27/07	Reclassified SV Date: Only applicable for SNY evaluation type as appropriate.			
Notes:							
Evaluation Indicator Field (Check all that apply) <input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C							
Focused Coverage Areas (Use Only for Evaluation Type FCI) <i>Regulation-Specific FCI</i> BIF <input type="checkbox"/> CCI <input type="checkbox"/> CFI <input type="checkbox"/> INC <input type="checkbox"/> LDR <input type="checkbox"/> PTB <input type="checkbox"/> PTX <input type="checkbox"/> THI <input type="checkbox"/> UIC <input type="checkbox"/> UOI <input type="checkbox"/> UWR <input type="checkbox"/> OTHER (specify): _____ <i>Routine/Standardized FCI</i> CAR <input type="checkbox"/> CPC <input type="checkbox"/> DOS <input type="checkbox"/> EMR <input type="checkbox"/> IEI <input type="checkbox"/> ISI <input type="checkbox"/> RTI <input type="checkbox"/>							
Does this Evaluation Add/Update/Delete a Violation?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in the Violations Section(s) on page 2 of this form.		
Does this Evaluation link to a Commitment?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.		
Does this Evaluation link to a 3007 Request?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.		
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		If Yes, fill in information below.		
*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)		*Date Determined (mm/dd/yyyy)		

*Required Fields

EPA ID Number				Handler Name			
PAD987283967				MPI Research Inc.			
VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
	262.D	S	08/27/07	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes:							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in Information below	
Citation Type		Citation		Citation Type		Citation	
FR		262.42(a)(2)					
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
				<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.			
Notes:							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in Information below	
Citation Type		Citation		Citation Type		Citation	
HANDLER SECTION (Fill out if RCRA Non-Notifier)							
Handler Name				Contact			
Street							
City		State		Zip Code			
County							
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)							
i. Indicate the Facility's current Universe(s):							
ii. Indicate the new RCRAInfo Generator Universe: <i>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</i>				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)			Transporter <input type="checkbox"/> <i>If the transporter box is checked, you must check at least one mode of transportation below:</i> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway			Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.	

*Required Fields

RCRAInfo CM&E EVALUATION – VIOLATION FORM

*EPA ID Number		PAD987283967		EIN	
Handler Name		MPI Research Inc.			
Street	3058 Research Drive				
City	State College	State	PA	Zip Code	16801
Actual Generator Status <i>Check only if different from Notified Status.</i>		LQG <input checked="" type="checkbox"/>	SQG <input type="checkbox"/>	CESQG <input type="checkbox"/>	Closed <input type="checkbox"/> Non-Handler <input type="checkbox"/>
Universe Change Required? <i>(Generator Status Change Required)</i>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Universe Change Section (on reverse side of this form).			
RCRA Non-Notifier?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
Other Facility Information Changes?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If YES, complete the Handler Section (on reverse side of this form).			
*EVALUATION		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete		You must provide an Evaluation Identifier (also known as the Sequence Number).	
*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
	CEI	08/06/2007	S	LSC	WM
Day Zero (mm/dd/yyyy): <i>You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNN, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNN evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.</i>			Reclassified SV Date: <i>Only applicable for SNN evaluation type as appropriate.</i>		
Notes:					
Evaluation Indicator Field (Check all that apply)					
<input type="checkbox"/> Citizen Complaint <input type="checkbox"/> Multimedia Inspection <input type="checkbox"/> Sampling <input type="checkbox"/> Not Subtitle C					
Focused Coverage Areas (Use Only for Evaluation Type FCI)					
<i>Regulation-Specific FCI</i>					
BIF <input type="checkbox"/>	CCI <input type="checkbox"/>	CFI <input type="checkbox"/>	INC <input type="checkbox"/>	LDR <input type="checkbox"/>	PTB <input type="checkbox"/> PTX <input type="checkbox"/>
THI <input type="checkbox"/>	UIC <input type="checkbox"/>	UOI <input type="checkbox"/>	UWR <input type="checkbox"/>	OTHER (specify): _____	
<i>Routine/Standardized FCI</i>					
CAR <input type="checkbox"/>	CPC <input type="checkbox"/>	DOS <input type="checkbox"/>	EMR <input type="checkbox"/>	IEI <input type="checkbox"/>	ISI <input type="checkbox"/> RTI <input type="checkbox"/>
Does this Evaluation Add/Update/Delete a Violation?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>If Yes, fill in the Violations Section(s) on page 2 of this form.</i>	
Does this Evaluation link to a Commitment?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</i>	
Does this Evaluation link to a 3007 Request?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<i>If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.</i>	
OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>If Yes, fill in information below.</i>					
*Seq. No.	*Violation Type	*Agency	*Regulation Citation (Type + Citation) (ex. FR 262.1)	*Date Determined (mm/dd/yyyy)	

*Required Fields

EPA ID Number				Handler Name			
PAD987283967				MPI Research Inc.			
VIOLATIONS SECTION (Additional Violations can be added/updated/deleted using the RCRAInfo CM&E Additional Violations Form)							
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input checked="" type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		<input type="text"/>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIOLATION <input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Delete						Link to Above Evaluation <input type="checkbox"/>	
Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier		Actual RTC Date (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> A RTC Qualifier is required if entering an Actual RTC Date.		<input type="text"/>	
Notes: _____							
LINK CITATIONS TO ABOVE VIOLATION?				YES <input type="checkbox"/> NO <input type="checkbox"/>		If Yes, fill in information below	
Citation Type		Citation		Citation Type		Citation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HANDLER SECTION (Fill out if RCRA Non-Notifier)							
Handler Name		Contact					
Street							
City	State	Zip Code					
County							
UNIVERSE CHANGE SECTION (Fill out if Universe Change Required)							
i. Indicate the Facility's current Universe(s):							
ii. Indicate the new RCRAInfo Generator Universe: <i>Note: All TSD activity changes must be handled by the IOR and cannot be made using this form.</i>				LQG <input type="checkbox"/> SQG <input type="checkbox"/> CEG <input type="checkbox"/> Non-Handler <input type="checkbox"/> Closed <input type="checkbox"/>			
iii. Indicate the new transporter status: (Only fill out if the facility requires a transporter status change)		Transporter <input type="checkbox"/> <i>If the transporter box is checked, you must check at least one mode of transportation below:</i> <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Rail <input type="checkbox"/> Other <input type="checkbox"/> Highway			Non-Transporter <input type="checkbox"/> Check non-transporter if the facility is currently listed in RCRAInfo as a transporter AND no longer transports hazardous waste.		

*Required Fields

Hazardous Waste Inspection Report
Land Disposal Restriction Supplemental Checklist

1-No Violation Observed				2-Not Applicable	3-Not Determined	4-Non-Compliance
Status				REQUIREMENT		Citation 40 CFR Part 268
1	2	3	4			
				Generators		
X				Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
X				Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
X				Dilution not used as a substitute for treatment.		3
X				Records maintained of notifications, certifications, waste analysis, and documentation supporting use of knowledge for waste classification.		7(a)(5), (a)(6)
				Storage Facilities		
	X			Facility verifies generators classification of waste in accordance with waste analysis plan.		25 Pa Code 265.13(c)
	X			Containers marked to identify contents and accumulation date.		50(a)(2)
	X			Notification sent with shipments of wastes that do not meet treatment standards.		7(a)(1)
	X			Notification and certification sent with shipments of wastes meeting treatment standards.		7(a)(2)
	X			Facility maintains records of documents produced pursuant to LDR requirements.		7(a)(6)
				Treatment Facilities, Including PBR and RRR Facilities		
	X			Dilution not used as a substitute for treatment.		3
	X			Facility tests wastes or treatment residues to determine compliance with applicable treatment standards in accordance with waste analysis plan.		7(b)
	X			Certification and/or notification sent with shipments of waste.		7(b)(4), (b)(5), (b)(6)
				Land Disposal Facilities		
	X			Facility tests wastes received to assure compliance with applicable treatment standards.		7(c)(2)
	X			Facility land disposes of restricted waste only if it meets applicable treatment standard.		40
	X			Facility retains copies of generator notifications and certifications.		7(c)(1)



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Inspection Date 8/27/07

Time Start _____

Time Finish _____

EFACTS: 1646506

HAZARDOUS WASTE INSPECTION REPORT
☒ **GENERATOR** ☐ **S Q GENERATOR**

FILE
FIELD
EPA

Company name MPI Research Inc.EPA I.D. Number PAD987283967 Employer I.D. Number (EIN) _____Site Address 3058 Research Drive, State College, PACounty Centre Municipality Ferguson Twp. Zip 16801Name of Inspector Schane Confer, Solid Waste Specialist; Jim Greene, Solid Waste SupervisorName & Title of Responsible Official Raylene KreiserPerson Interviewed Raylene Kreiser Telephone (814) 231-8032

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per Month: ~2183 Pounds _____ Kgs _____**1. Site Characterization:**STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad**2. Universal Waste:** ☐ Large Quantity Handler ☒ Small Quantity HandlerUniversal Waste Types Fluorescent Lamps**3. Hazardous Waste Transporters:**Transporter Name Republic Env. Sys License Number PA AH 0317

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001, D002, F002	Waste flammable liquids, corrosive (methanol, HCl)	Republic Env Sys (PA) Inc Hatfield, PA
F002, F003, F005, D008, D009	Hazardous waste solid (methylene chloride, lead, mercury)	
D001	Waste flammable liquid (methanol, acetonitrile)	
D001, D002, D009, F002, F003, F005	Waste flammable corrosive, liquids (HCl, methylene chloride)	
D001, F003, F005	Waste flammable liquids (toluene, acetone)	
D002, D007	Waste corrosive liquid, toxic, inorganic	
D001	Waste potassium chloride	
D002	Waste corrosive liquid bask organic	
	Toxic liquids organic	
D001	Waste flammable solids organic	
D089	RQ Waste mercury	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name MPI Research Inc. ID Number PAD987283967 Date 8/27/07

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name MPI Research Inc. ID Number PAD987283967 Date 8/27/07

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
X				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	X			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	X			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
X				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
		X		Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
X				Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 8/27/07 Identification Number PAD987283967

Company/Facility/Site Name MPI Research Inc

Comments:

The Department performed an unannounced follow up inspection to the initial inspection on 8/6/07 at the above listed facility. Jim Greene, Solid Waste Supervisor accompanied during the inspection. Raylene Kreiser represented the facility.

During the inspection on 8/6/07 there was some question about manifest number 000302249FLE for a shipment made on 2/6/07 which did not have a return copy from the destination facility. The manifest had a number "1" in the container section of the manifest, a number "300" in the quantity section of the manifest, and an initial written on the carbon copy. Ms. Kreiser was asked to further look into the manifest. The Department then called the transporter, Republic Env. Sys. (PA) Inc., to follow up with the manifest as well.

When contacting the transporter, Mark McCormick was the contact name given to the Department. The manifest was explained and asked for clarification. Mr. McCormick looked into the manifest and provided information. Mr. McCormick explained the transporter did not have a copy of the manifest for that day and that MPI Research had faxed their copy of the manifest. Additionally, Mr. McCormick explained that when the shipment arrived at the destination facility there was an extra container of waste on the truck.

During today's visit Ms. Kreiser explained that on the day of the shipment there was a snow and the driver was approximately 6 hours late for the shipment. She had gone home for the day, however returned to aid in shipment of the waste. It was explained the manifest had been filled out prior to the shipment and the number "1" and "300" were added by her to account for the waste and she then initialed the manifest. Ms. Kreiser then phoned the transporter notifying that a return copy of the manifest had not been received, however did not follow the complete exception reporting procedures. This is a violation of 40 CFR 262.42(a)(2) the generator to provide an exception report to include a legible copy of the manifest and a written cover letter explaining the efforts taken to locate the hazardous waste. It is recommended the facility submit the exception report to the department.

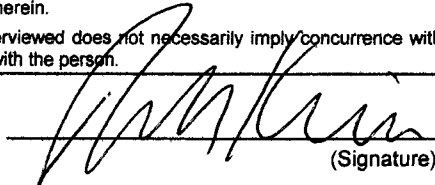
After the 8/6/07 inspection Ms. Kreiser received a letter from the transporter which was addressed to PA DEP sent to the central office in Harrisburg explaining that the original paperwork was missing and that the generators copy, which was signed, be excepted as the signed original. The letter included a copy of a disposal certificate for the waste accepted by the destination facility. A copy of the letter and other manifest for the same day were made for review.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

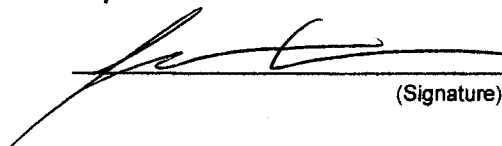
Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed


(Signature)

Date 8-27-07

Inspector


(Signature)

Date 8/27/07

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number PA0987283967	2. Page 1 of 1	3. Emergency Response Phone (800) 567-7455	4. Manifest Tracking Number 000302249 FLE						
		5. Generator's Name and Mailing Address OXYGEN RESEARCH INC 3058 RESEARCH DRIVE STATE COLLEGE PA 16801 Generator's Phone: 814 231-8032									
6. Transporter 1 Company Name REPUBLIC ENV SYS (TRANS GENIE)		Generator's Site Address (if different than mailing address)			U.S. EPA ID Number PA0987283967						
					7. Transporter 2 Company Name U.S. EPA ID Number						
8. Designated Facility Name and Site Address REPUBLIC ENV SYS (PA) INC. 2869 SANDSTONE DRIVE HATFIELD PA 19440 Facility's Phone: 215 822-8995		U.S. EPA ID Number PA0987283967			9. Generator's Name and Mailing Address						
					10. Containers						
9a. HM		9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity		12. Unit Wt./Vol.		13. Waste Codes	
				No. Type							
		WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., 2 (8) UNP24, F+III, HYDROCHLORIC ACID, METHYLENE CHLORIDE (1.6001)* mk		1 X DM		300		F		E001 E002 E009 E002 E003 E005	
2.											
3.											
4.											
14. Special Handling Instructions and Additional Information 1061708											
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.											
Generator's/Offor's Printed/Typed Name Kathleen McKelvey Signature [Signature] Month Day Year 02 06 07											
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____											
17. Transporter Acknowledgment of Receipt of Materials											
Transporter 1 Printed/Typed Name Brian Duffin Signature [Signature] Month Day Year 02 06 07											
Transporter 2 Printed/Typed Name Signature Month Day Year											
18. Discrepancy											
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection											
Manifest Reference Number: _____											
18b. Alternate Facility (or Generator) U.S. EPA ID Number											
Facility's Phone: _____											
18c. Signature of Alternate Facility (or Generator) Month Day Year											
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. H111 2. 3. 4.											
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a											
Printed/Typed Name Signature Month Day Year											

August 20, 2007

PA DEP
Bureau of Waste Management
8th Floor, Fulton Building
PO Box 2063
Harrisburg, PA 17120

Re: Manifest 000302249FLE

Dear Sirs,

After careful examination of our records, it was discovered that manifest #000302249FLE has been misplaced. In lieu of the originals, please accept these photocopies as the Designated Facility to Destination State and Generator State copies.

We apologize for any inconvenience this may have caused. Please attach a copy of this letter with the manifests for your records.

Sincerely,



Debbie Caccese
PSC/Republic

Cc: Generator – Exygen Research/M P I Research
File

BILL OF LADING


 B/L
 Number 529140

 2869 SANDSTONE DRIVE
 Hatfield, Pa 19440

 DATE OF PICKUP _____ EPA IDENTIFICATION CODE NO. PAD987283967
 GENERATOR OXYGEN RESEARCH INC ADDRESS 3058 RESEARCH DRIVE
 CITY STATE COLLEGE STATE PA ZIP 16801 PHONE 814 231-8032
 CONTACT: RALENE MOLINA-KREISER BROKER: _____

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		Containers		Total Quantity	Unit Wt./Vol.	Waste No.
		No.	Type			
WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., 3, UN2924, PG III						
a. (HYDROCHLORIC ACID, METHYLENE CHLORIDE)		<u>1</u>	<u>DM</u>	<u>300</u>	<u>P</u>	<u>D001</u>
b.						
c.						
d.						

Additional Information/Lab Code

Emergency Phone#

a 1061708 S01

b _____ c _____

d _____

VERBAL

CONTRACT/PO NO. _____	SPECIAL INSTRUCTIONS / REASONS FOR DELAY _____ _____ _____ _____ _____
NO. OF OVERPACKS USED _____	
START TIME _____	
ARRIVAL AT CUSTOMER <u>3:00</u>	
DEPARTED CUSTOMER <u>3:30</u>	
DELAY TIME _____	

GENERATOR CERTIFICATION:

"I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations." I also certify that all times listed above are true and correct.

 Print Name Ralene M Kreiser Signature [Signature] Date 02-06-07

TRACTOR # _____	TRAILER# _____	BOX SPOTTED# _____	BOX PICKED UP# _____	LINER _____
TRANSPORTER #1			PHONE NUMBER <u>215 822-2676</u>	
COMPANY <u>REPUBLIC ENV SYS (TRANS GROUP)</u>			EPA ID NO. <u>PAD982661381</u>	
PRINT NAME <u>Brian Duffin</u>			SIGNATURE <u>[Signature]</u>	DATE <u>02-06-07</u>
TRANSPORTER #2			PHONE NUMBER _____	
COMPANY _____			EPA ID NO. _____	
PRINT NAME _____			SIGNATURE _____	DATE _____

TSDf ARRIVAL TIME _____	REASON FOR DELAY _____ _____ _____ _____
TSDf DEPARTURE TIME _____	
DELAY TIME _____	
FINISH TIME _____	

 CONSIGNEE/TREATMENT/STORAGE/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. PAD085690592
 CONSIGNED TO REPUBLIC ENV SYS (PA), INC. ADDRESS 2869 SANDSTONE DRIVE
 CITY HATFIELD STATE PA ZIP 19440 PHONE 215 822-8995
 THIS IS TO CERTIFY THE ACCEPTANCE OF THIS WASTE FOR TREATMENT STORAGE DISPOSAL
 PRINT NAME _____ SIGNATURE _____ DATE _____

 White - GENERATOR FILE
 Blue - TRANSPORTER FILE
 Green - PSC DOCUMENT DEPARTMENT FILE

 Canary - PSC BILLING DEPARTMENT (RETURN TO GENERATOR)
 Pink - PSC BILLING DEPARTMENT FILE
 Goldenrod - TSD FACILITY COPY

BILL OF LADING



2869 SANDSTONE DRIVE
Hatfield, Pa 19440

B/L
Number 529140

PAD987283967

DATE OF PICKUP _____ EPA IDENTIFICATION CODE NO. _____
GENERATOR **EXYGEN RESEARCH INC** ADDRESS **3058 RESEARCH DRIVE**
CITY **STATE COLLEGE** STATE **PA** ZIP **16801** PHONE **814 231-8032**
CONTACT: **RALENE MOLINA-KREISER** BROKER: _____

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	Containers		Total	Unit	Waste No.
	No.	Type	Quantity	Wt./Vol.	
WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., 3, UN2924, PG III a. (HYDROCHLORIC ACID, METHYLENE CHLORIDE)	<i>MI ✓ 1</i>	<i>DM</i>	<i>300</i>	<i>P</i>	<i>D 0 0 1</i>
b.					
c.					
d.					

Additional Information/Lab Code

1061708

S01

Emergency Phone#

a. _____ c. _____
b. _____ d. _____

VERBAL

CONTRACT/PO NO. _____
NO. OF OVERPACKS USED _____
START TIME _____
ARRIVAL AT CUSTOMER 3:00
DEPARTED CUSTOMER 3:30
DELAY TIME _____

SPECIAL INSTRUCTIONS / REASONS FOR DELAY _____

GENERATOR CERTIFICATION:

"I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations." I also certify that all times listed above are true and correct.

Print Name Ralene Kreiser Signature [Signature] Date 02-06-07

TRACTOR # _____ TRAILER# _____ BOX SPOTTED# _____ BOX PICKED UP# _____ LINER _____
TRANSPORTER #1 **REPUBLIC ENV SYS (TRANS GROUP)** PHONE NUMBER 215 822-2676
COMPANY _____ EPA ID NO. PAD982661381
PRINT NAME Brian Duffiz SIGNATURE [Signature] DATE 02-06-07

TRANSPORTER #2 _____ PHONE NUMBER _____
COMPANY _____ EPA ID NO. _____
PRINT NAME _____ SIGNATURE _____ DATE _____

TSDf ARRIVAL TIME _____ REASON FOR DELAY _____
TSDf DEPARTURE TIME _____
DELAY TIME _____
FINISH TIME _____

CONSIGNEE/TREATMENT/STORAGE/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. PAD085690592
CONSIGNED TO **REPUBLIC ENV SYS (PA), INC.** ADDRESS **2869 SANDSTONE DRIVE**
CITY **HATFIELD** STATE **PA** ZIP **19440** PHONE **215 822-8995**
THIS IS TO CERTIFY THE ACCEPTANCE OF THIS WASTE FOR TREATMENT STORAGE DISPOSAL
PRINT NAME Matt Smith SIGNATURE [Signature] DATE 02/08/07

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number P A D 9 8 7 2 8 3 9 6 7	2. Page 1 of 1	3. Emergency Response Phone (800) 567-7455	4. Manifest Tracking Number 000302249 FLE					
		5. Generator's Name and Mailing Address OXYGEN RESEARCH INC 3058 RESEARCH DRIVE STATE COLLEGE PA 16801 Generator's Phone: 814 231-8032								
6. Transporter 1 Company Name REPUBLIC ENV SYS (TRANS GROUP)					U.S. EPA ID Number P A D 9 8 2 6 6 1 3 8 1					
7. Transporter 2 Company Name					U.S. EPA ID Number					
8. Designated Facility Name and Site Address REPUBLIC ENV SYS (PA), INC. 2869 SANDSTONE DRIVE HATFIELD PA 19440 Facility's Phone: 215 822-8995					U.S. EPA ID Number P A D 0 8 5 5 9 0 5 9 2					
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))		10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
				No.	Type					
		WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., (B) UN2924, PGIII, (HYDROCHLORIC ACID, METHYLENE CHLORIDE). (0001)* <i>mk</i>		1	DH	300	P	0001	0002	0009
								F002	F003	F005
14. Special Handling Instructions and Additional Information 1061708										
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.										
Generator's/Offor's Printed/Typed Name: Katene M Kreiser Signature: <i>[Signature]</i> Month: 02 Day: 06 Year: 07										
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____									
	17. Transporter Acknowledgment of Receipt of Materials									
	Transporter 1 Printed/Typed Name: Brian Duffin Signature: <i>[Signature]</i> Month: 02 Day: 06 Year: 07									
Transporter 2 Printed/Typed Name: _____ Signature: _____ Month: _____ Day: _____ Year: _____										
DESIGNATED FACILITY	18. Discrepancy									
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection									
	Manifest Reference Number: _____									
	18b. Alternate Facility (or Generator) _____ U.S. EPA ID Number _____									
	Facility's Phone: _____									
18c. Signature of Alternate Facility (or Generator) _____ Month: _____ Day: _____ Year: _____										
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)										
1. 11141 2. _____ 3. _____ 4. _____										
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a										
Printed/Typed Name: Matt Smith Signature: <i>[Signature]</i> Month: 02 Day: 10 Year: 07										

REPUBLIC ENV SYS (PA), INC.
(PENNSYLVANIA)

2869 SANDSTONE DRIVE / HATFIELD, PA 19440 / 215-822-8995

EPA I.D. #PAD085690592

C E R T I F I C A T E O F W A S T E D I S P O S A L N o . 5 2 9 1 4 0

THIS IS TO CERTIFY THAT WASTE MATERIAL RECEIVED FROM:

Generator M P I RESEARCH

E.P.A. ID # PAD987283967

Address 3058 RESEARCH DRIVE / STATE COLLEGE, PA 16801

AS REFERENCED ON MANIFEST NUMBER: 000302249FLE

HAS BEEN ANALYZED AND ACCEPTED AS SPECIFIED UNDER THE FACILITY'S WASTE ANALYSIS PLAN.
ALL MATERIALS REPRESENTED HEREIN SHALL BE STORED, TREATED, MANAGED AND/OR
DISPOSED OF IN ACCORDANCE WITH ALL APPLICABLE LOCAL
STATE AND FEDERAL REGULATIONS IN THE MANNER DESCRIBED BELOW.

Lab Code/

Clin#

D.O.T./E.P.A. Description

Storage/Treatment/Disposal Method

1D61708 WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.

H141 H040

(D001,D002,D009,F002,F003,F005)

Debbie Caccese

Debbie Caccese

02/08/2007

REPUBLIC ENV SYS (PA), INC.

Representative - Title:Document Control



UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number PA 987283967	2. Page 1 of 1	3. Emergency Response Phone (800) 567-7455	4. Manifest Tracking Number 000302248 FLE			
5. Generator's Name and Mailing Address EXTEN RESEARCH LTD 3058 RESEARCH DRIVE STATE COLLEGE PA 16801 Generator's Phone: 814 231-8032		Generator's Site Address (if different than mailing address)						
6. Transporter 1 Company Name REFUELIC ENV SYS (TRANS GROUP)		U.S. EPA ID Number PA 0982661221						
7. Transporter 2 Company Name		U.S. EPA ID Number						
8. Designated Facility Name and Site Address REFUELIC ENV SYS (PA) INC. 2869 SANDSTONE DR HATFIELD PA 19440 Facility's Phone: 215 822-8905		U.S. EPA ID Number PA 0982660002						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
	A	WASTE FLAMMABLE LIQUID, CORROSIVE, N.O.S. 3 (B) UN2824, PGIII, METHANOL HYDROCHLORIC ACID (0001)*	003	DF	01200	P	F001	F002
	A	HAZARDOUS WASTE SOLID, N.O.S. (3 HAZOP), PGIII, (METHYLENE CHLORIDE, LEAD, MERCURY) (0002)*	001 002 (B)	DM	00300	P	F002	F003
	A	3W WASTE FLAMMABLE LIQUID, N.O.S. (3 UN1993, PGII, (METHANOL, ACETONITRILE) (0001)	003	DM	00165	G	F001	
	A	4W WASTE FLAMMABLE LIQUID, N.O.S. (3 UN1993, PGII, (TOLUENE, ACETONE) (0001)	2 003	DF DM BD	110 00165	G	F001	F003
14. Special Handling Instructions and Additional Information 1. 1068809 2. 1061499 3. 1061507 4. 1061506								
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.								
Generator's/Officer's Printed/Typed Name Katherine M. L...		Signature Katherine M. L...			Month Day Year 02 06 01			
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S.		Port of entry/exit: Date leaving U.S.:					
	Transporter signature (for exports only):							
TRANSPORTER	17. Transporter Acknowledgment of Receipt of Materials							
	Transporter 1 Printed/Typed Name Brian Duffin		Signature Brian Duffin			Month Day Year 02 06 01		
TRANSPORTER	Transporter 2 Printed/Typed Name		Signature			Month Day Year		
DESIGNATED FACILITY	18. Discrepancy							
	18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
	Manifest Reference Number:							
	18b. Alternate Facility (or Generator) U.S. EPA ID Number							
	Facility's Phone:							
DESIGNATED FACILITY	18c. Signature of Alternate Facility (or Generator) Month Day Year							
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)								
1. H141		2. H141		3. H141		4. H141		
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a								
Printed/Typed Name		Signature			Month Day Year			

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number PAD987203967		2. Page 1 of 2		3. Emergency Response Phone (800) 567-7455		4. Manifest Tracking Number 000302248 FLE				
		5. Generator's Name and Mailing Address OXYGEN RESEARCH INC 3058 RESEARCH DRIVE STATE COLLEGE PA 16801 Generator's Phone: 814 231-8032						Generator's Site Address (if different than mailing address)				
RECEIVED MAR - 1 2007		6. Transporter 1 Company Name REPUBLIC ENV SYS (TRANS GROUP)				U.S. EPA ID Number PAD982661381						
		7. Transporter 2 Company Name				U.S. EPA ID Number						
REPUBLIC ENV SYS (PA), INC.		8. Designated Facility Name and Site Address 2869 SANDSTONE DRIVE HATFIELD PA 19440 Facility's Phone: 215 822-8995				U.S. EPA ID Number PAD085690592						
GENERATOR	9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))				10. Containers No. Type		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes		
		WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., 3 (8) UN2924, PGIII, (METHANOL, HYDROCHLORIC ACID), (D001)*				3 003 DF		01421	P	D001	D002	
		HAZARDOUS WASTE, SOLID, N.O.S., 9 NA3077, PGIII, (METHYLENE CHLORIDE, LEAD, MERCURY), (F002)*				1 001 DM		00175	P	F002	F003	
		WASTE FLAMMABLE LIQUID, N.O.S., 3 UN1993, PGII, (METHANOL, ACETONITRILE), (D001)				3 003 DM		00165	S	D001		
		WASTE FLAMMABLE LIQUID, N.O.S., 3 UN1993, PGII, (TOLUENE, ACETONE), (D001)*				2 003 DF		00165	G	D001	F003	
14. Special Handling Instructions and Additional Information 1.) 1D68809 OTC 2.) 1D61499 solid 3.) 1D61507 HPLC 4.) 1D61506 BTU												
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.												
Generator's/Officer's Printed/Typed Name Kalen McKisic										Signature Kalen McKisic		Month Day Year 02 06 07
TRANSPORTER	16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: Date leaving U.S.:											
	17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Brian Duffin Signature Transporter 2 Printed/Typed Name Signature											
DESIGNATED FACILITY	18. Discrepancy 18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection Manifest Reference Number:											
	18b. Alternate Facility (or Generator) U.S. EPA ID Number											
	Facility's Phone:											
	18c. Signature of Alternate Facility (or Generator) Month Day Year											
	19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)											
1. H141		2. H141		3. H141		4. H141						
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature Month Day Year												

BILL OF LADING



2869 SANDSTONE DRIVE
Hatfield, Pa 19440

B/L
Number 529139

DATE OF PICKUP _____ EPA IDENTIFICATION CODE NO. PAD987283967
GENERATOR EXYGEN RESEARCH INC ADDRESS 3058 RESEARCH DRIVE
CITY STATE COLLEGE STATE PA ZIP 16801 PHONE 814 231-8032
CONTACT: RALENE MOLINA-KREISER BROKER: _____

US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	Containers		Total Quantity	Unit Wt./Vol.	Waste No.
	No.	Type			
a. WASTE FLAMMABLE LIQUIDS, CORROSIVE, N.O.S., 3, UN2924, PG III (METHANOL, HYDROCHLORIC ACID)	003	DF	1421# 01200	P	D 001
b. HAZARDOUS WASTE, SOLID, N.O.S., 9, NA3077, PG III (METHYLENE CHLORIDE, LEAD, MERCURY)	001 002	DM	175# 00300	P	F 002
c. RQ WASTE FLAMMABLE LIQUID, N.O.S., 3, UN1993, PG II (METHANOL, ACETONITRILE)	003	DM	00750 00750	G	D 001
d. RQ WASTE FLAMMABLE LIQUID, N.O.S., 3, UN1993, PG II (TOLUENE, ACETONE)	002 003	DF	110 00165	G	D 001

Additional Information/Lab Code

Emergency Phone#

a 1D68809 S01 c 1D61507 S01
b 1D61499 S01 d 1D61506 S01

CONTRACT/PO NO. VERBAL SPECIAL INSTRUCTIONS / REASONS FOR DELAY _____
NO. OF OVERPACKS USED _____
START TIME _____
ARRIVAL AT CUSTOMER 3:00
DEPARTED CUSTOMER 3:30
DELAY TIME _____

GENERATOR CERTIFICATION:

"I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labelled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations." I also certify that all times listed above are true and correct.

Print Name Ralene Kreiser Signature [Signature] Date 02-06-07

TRACTOR # B-1 TRAILER# — BOX SPOTTED# _____ BOX PICKED UP# _____ LINER _____

TRANSPORTER #1 PHONE NUMBER 215 822-2676
COMPANY REPUBLIC ENV SYS (TRANS GROUP) EPA ID NO. PAD982661381
PRINT NAME Brian Duffin SIGNATURE [Signature] DATE 02-06-07

TRANSPORTER #2 PHONE NUMBER _____
COMPANY _____ EPA ID NO. _____
PRINT NAME _____ SIGNATURE _____ DATE _____

TSDF ARRIVAL TIME _____ REASON FOR DELAY _____
TSDF DEPARTURE TIME _____
DELAY TIME _____
FINISH TIME _____

CONSIGNEE/TREATMENT/STORAGE/DISPOSAL FACILITY EPA IDENTIFICATION CODE NO. PAD085690592
CONSIGNED TO REPUBLIC ENV SYS (PA), INC. ADDRESS 2869 SANDSTONE DRIVE
CITY HATFIELD STATE PA ZIP 19440 PHONE 215 822-8995
THIS IS TO CERTIFY THE ACCEPTANCE OF THIS WASTE FOR TREATMENT STORAGE DISPOSAL
PRINT NAME _____ SIGNATURE _____ DATE _____

Effects # 1406876



Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling and Waste Management

Inspection Date 1/5/2005
Time Start _____
Time Finished _____

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR ☐ S Q GENERATOR

Company Name Exygen Research I.D. Number PAD987283967

Site Address 3058 Research Drive

State College, PA 16801

County Centre Municipality Ferguson Twp

Name of Inspector Jared Dressler

Name and Title Responsible Official Richard Grazzini—President

Person Interviewed Raylene Kreiser Telephone 814-231-8032

Mailing Address (if different from above) _____

Amount of Hazardous Waste Generated per month: Approx. = 2800 Pounds Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____
Generator Treatment ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name Republic Env Systems License Number PA AH 0317
Transporter Name _____ License Number _____
Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
		Republic Env Systems, Hatfield, PA
		PAD085690592

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 1/5/2005 Identification Number PAD987283967

Company/Facility/Site Name Exygen Research

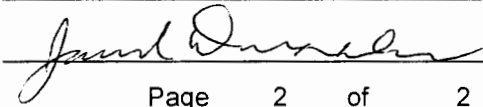
An administrative review (CSE) was performed as a result of a violation noted during the 12/21/2004 hazardous waste inspection at the facility. The purpose of this inspection report is to document that the Department has received a faxed copy of the facility's newly completed Source Reduction Strategy on 1/4/2005. The SRS is attached. This corrects the violation of 25 Pa Code § 262a.100 noted in the 12/21/2004 inspection.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (Signature) Administrative review—To be mailed to facility Date

Inspector (Signature)  Date 1/5/05



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 12/21/04
Time Start 13:00
Time Finish 16:00

HAZARDOUS WASTE INSPECTION REPORT

☒ GENERATOR ☐ S Q GENERATOR

Company name Oxygen Research I.D. Number PAD987283967
Site Address 3058 Research Drive
County Centre Municipality Ferguson Twp Zip 16801
Name of Inspector Javed Dressler
Name & Title of Responsible Official Richard Grazzini - President
Person Interviewed Ralene Kreiser Telephone (814) 231-8032
Mailing Address (if different from above) _____
Amount of Hazardous Waste Generated per Month: 2800 Pounds _____ Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____
GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types _____

3. Hazardous Waste Transporters:

Transporter Name Republic Env. Systems License Number PA AH 0317
Transporter Name _____ License Number _____
Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>D008, D009</u> <u>F002, F003, F005</u>	<u>Hazardous waste solid</u>	<u>Republic Env. Systems</u> <u>Hatfield PA</u>
<u>F001, F003</u>	<u>Waste Dichloromethane</u>	<u>PAD085690592</u>
<u>F002, F003, F005</u>	<u>Methylene Chloride</u>	<u>"</u>
<u>D001, D008, D009</u>	<u>Waste Flammable Liquid</u>	<u>"</u>
<u>D001, D002</u>	<u>Methanol, Hydrochloric Acid</u> <u>Waste Flammable Liquid, Corrosive</u>	<u>"</u>
<u>D001, F003, F005</u>	<u>Waste Flammable Liquid (Toluene, acetone)</u>	<u>"</u>
<u>D002, D008</u>	<u>Waste Corrosive Liquid - H2SO4, HCL</u>	<u>"</u>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Eugen Research ID Number PA0987283967 Date 12/21/04

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
<input checked="" type="checkbox"/>				Identification Number	262a.10	262.12	H002
<input checked="" type="checkbox"/>				Authorized transporters only	262a.10	262.12(c)	H003
<input checked="" type="checkbox"/>				Subsequent notification requirements met	262a.12(b)		H004
<input checked="" type="checkbox"/>				Proper manifest used	262a.10	262.21	H005
<input checked="" type="checkbox"/>				Manifests filled out correctly and completely	262a.20		H006
<input checked="" type="checkbox"/>				Manifests signed and routed properly	262a.23(a)	262.23	H007
<input checked="" type="checkbox"/>				Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
	<input checked="" type="checkbox"/>			SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
	<input checked="" type="checkbox"/>			SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
<input checked="" type="checkbox"/>				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
<input checked="" type="checkbox"/>				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
<input checked="" type="checkbox"/>				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
<input checked="" type="checkbox"/>				Specified records retained for three years	262a.10	262.40(c)	H014
<input checked="" type="checkbox"/>				Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
<input checked="" type="checkbox"/>				Exception reporting procedures followed	262a.42	262.42	H016
<input checked="" type="checkbox"/>				Spill reporting procedures followed	262a.10	262.34(d)	H017
<input checked="" type="checkbox"/>				PPC plan developed and implemented	262a.10	262.34(a)	H018
	<input checked="" type="checkbox"/>			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
		<input checked="" type="checkbox"/>		Source reduction strategy prepared and available (LQG only)	262a.100		H020
<input checked="" type="checkbox"/>				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS FACILITY SPECIFICS

Site Name Exygen Research ID Number PA D987283967 Date 12/21/04

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
				CONTAINERS (Subchapter I)			
✓				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
✓				Containers of hazardous waste in good condition	265a.1	265.171	H026
✓				Containers and stored waste compatible	265a.1	265.172	H027
✓				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
✓				Containers managed to prevent leaks	265a.1	265.173(b)	H029
✓				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
✓				Container storage areas inspected at least weekly	265a.1	265.174	H031
✓				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
✓				Proper containment and collection systems in place	265a.179		H033
✓				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
✓				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
✓				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
✓				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 12/21/04 Identification Number PAD 987283967Company/Facility/Site Name Exygen Research

On 12/21/04 I inspected Exygen Research (Formerly Centre Analytical Labs). Ralene Kreiser accompanied me on the inspection. Exygen operates out of two buildings (Building #1 and #2) at the site and generates hazardous waste in the process of analyzing samples for various customers including the pharmaceutical industry.

Exygen was previously inspected as a small quantity generator. Hazardous waste is generated at each work station depending on the work in progress. Each work station is equipped with small (<5 gallon) containers for satellite accumulation. All containers were labeled and closed. These containers are taken regularly to the waste storage area shed located adjacent to building #1. The waste is stored 55 gal drums which were properly labeled and dated.

The facility maintains a second 90 day storage area within building #1 for the accumulation of sample waste, which is most often acidic and could contain other hazardous constituents. In the past this waste stream would be tested (each drum) and if hazardous only for low pH the drum would be neutralized and disposed of through the sewer. Ms. Kreiser noted this practice has ceased as most drums are hazardous for other constituents at this time. I noted if the facility plans on treating the hazardous waste through pH adjustment they should do so under a haz waste permit-by-rule. Ms. Kreiser noted that she is aware of the PBR requirements. These hazardous sample drums are stored atop containment pallets for spill prevention and containment purposes.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed _____ Date _____
(Signature)Inspector _____ Date _____
(Signature)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 12/21/04 Identification Number PAD987283967Company/Facility/Site Name Exxon Research

Ms. Kreiser noted that since the last facility inspection the facility has become a large quantity generator. I reviewed the 2003 biennial report which included an updated Form 8700-12 notification. The RCIS database still shows the facility as a small quantity generator.

A review of manifests from this year indicates the facility remains a large quantity generator. Estimates of generation since May 2004 indicate an average monthly generation of $\approx 2,800$ lbs (Estimating 8 lbs/gal).

At present various personnel receive hazardous waste training which is monitored by Ms. Kreiser. She is in the process of reorganizing the facility's training program. This training program and records of the training program should be consistent with the requirements of 40 CFR 265.16. Additionally the facility now maintains an emergency action plan and SOP's for bulk chemical waste and lab chemical waste. Ms. Kreiser is also in the process of possibly consolidating these documents into one PPC plan.

Line item H020 was marked in violation as the facility has not completed a source reduction strategy, which is required by 25 Pa Code § 262a.100 for Large Quantity Generators. Ms. Kreiser downloaded the appropriate FORM 25R before the inspection was completed.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

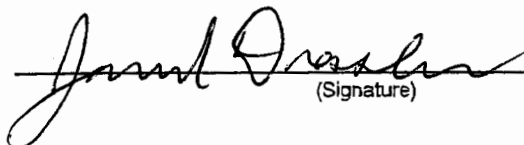
Person Interviewed


(Signature)

Date

12/21/2004

Inspector


(Signature)

Date

12/21/04



Commonwealth of Pennsylvania
Department of Environmental Protection
Bureau of Land Recycling and Waste Management

Inspection Date 2-3-03
Time Start 8:00 AM
Time Finished 12:00 PM

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR ☒ S Q GENERATOR

Company Name Centre Analytical Laboratories (EXYGEN RESEARCH^{INC}) D. Number PAD987283967

Site Address 3048 Research Drive

State College, PA 16801

County Centre County Municipality Ferguson Township

Name of Inspector George M. Polansky 570 327-3729

Name and Title Responsible Richard Grazzini, President
Official

Person Interviewed Ralene Molina-Kreiser Telephone 800 281-3219 FAX 814 272-1019

Mailing Address (if different from above)

Amount of Hazardous Waste Generated per month: _____ Pounds Between 100 and 1000 Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____
Generator Treatment: ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☒ Small Quantity Handler

Universal Waste Types Fluorescent Lamps

3. Hazardous Waste Transporters:

Transporter Name Republic Env Sys (Trans Group) License Number PA AH 0317
Transporter Name _____ License Number _____
Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
D001	RQ Waste Flammable Liquid	Republic Env Sys (PA), Inc
D002	Waste Corrosive Liquid	PAD085690592

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name Centre Analytical Laboratories ID Number PAD987283967 Date 02-03-2003
EVYGEN RESEARCH

1-No Violation Observed 2-Not Applicable 3-Not Determined 4-Non-Compliance

Status				REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE ITEM
1	2	3	4				
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4), 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC Plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50, 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name Centre Analytical Laboratories ID Number PAD987283967 Date 2-03-2003

EVIDENCE RESEARCH

1-No Violation Observed

2-Not Applicable

3-Not Determined

4-Non-Compliance

Status				REQUIREMENT	PA CIT 25 PA Code	FED CIT. 40 CFR	LINE ITEM
1	2	3	4				
				CONTAINERS (Subchapter 1)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart 1 and 25 Pa. Code Chapter 265a Subchapter 1	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment.	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403 (b)(2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 02-03-2003 Identification Number PAD987283967Company/Facility/Site Name Centre Analytical Laboratories NOW (EXYGEN RESEARCH INC)

On February 3, 2003 I inspected Centre Analytical Laboratories located in Ferguson Township, Centre County, Pennsylvania. This facility has had a change in ownership and has submitted a Subsequent Notification of Regulated Waste Activity and is doing business as Exygen Research Inc.

Exygen Research Inc does analysis of both aqueous and soil samples for parameters requested by the one contracting for the analysis. In the process of analyzing the samples, hazardous waste is generated.

Exygen is moving away from doing environmental samples and becoming research oriented. If this results in a change of Exygen's hazardous waste status, Exygen should notify the department.

Satellite accumulation is set up in each work area as needed. This consists of containers of one gallon or less. Containers are properly labeled and kept closed except when waste is added or removed. The satellite waste containers are collected daily and taken to the waste accumulation area where the waste is drummed and prepared for shipment.

The waste accumulation building has been relocated from 3117 Research Drive to 3048 Research Drive. The building has secondary containment, is built of fire resistant material and is easily cleaned. The building is properly labeled and kept locked. Hazardous Waste stored in the building is properly labeled and dated.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (Signature) Date 2-3-03Inspector (Signature) Date 2-3-03



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 1-4-2002
Time Start 8:30 AM
Time Finish 1:30 PM

HAZARDOUS WASTE INSPECTION REPORT

☐ GENERATOR☒ S Q GENERATOR

Company name CENTRE ANALYTICAL LABORATORIES I.D. Number PAD 987283967
Site Address 3048 RESEARCH DRIVE STATE COLLEGE
County CENTRE Municipality FERGUSON TWP Zip 16801
Name of Inspector GEORGE M. POLANSKY (570) 327-3729
Name & Title of Responsible Official RICHARD GRAZZINI, President
Person Interviewed BITAN ZOLGHADRI Telephone (814) 231-8032
FAX 814 231-1580
Mailing Address (if different from above) _____
Amount of Hazardous Waste Generated per Month: _____ Pounds between 100 + 1000 Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad2. Universal Waste: ☐ Large Quantity Handler ☒ Small Quantity HandlerUniversal Waste Types FLUORESCENT LAMPS

3. Hazardous Waste Transporters:

Transporter Name EDWARD ARMSTRONG & SONS License Number PA AH0027
PAD 014286009

Transporter Name _____ License Number _____

Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
F003	WASTE FLAMMABLE LIQUID	MARISOL INC
F002	R&H HAZARDOUS SOLIDS	125 FACTORY LANE
D002	WASTE CORROSIVE LIQUID	MIDDLESEX NJ 08846
		MSD 002 454544

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name CENTRE ANALYTICAL LABS ID Number PA0987283967 Date 2-4-2002

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
X				Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name CENTRE ANALYTICAL LABS ID Number PA0987283 967 Date 2-4-2002

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
X				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 2/4/2002 Identification Number PA0987283396
Company/Facility/Site Name Centre Analytical Laboratories

Centre Analytical Laboratories is located at 3048 Research Drive Ferguson Township Centre County Pennsylvania

Centre Analytical Laboratories does analysis of both aqueous and soil samples for parameters requested by person or authority contracting for the analysis.

In the process of analysis, hazardous wastes are generated. There are two separate buildings at this location. Building 1 has two floors. At present building one (1) is not being used for analytical work and is not generating Hazardous Waste.

Building two has three floors. Work areas are located on each floor. Satellite accumulation areas are set up in each work area as needed. The satellite accumulation consists of containers of one gallon or less. These are labeled Hazardous waste & also the type of waste.

Because of the nature of the work several bottles may be set up to collect the different types of waste.

Containers are kept closed except when waste is being added or removed.

The satellite accumulation containers are collected daily and taken to the waste accumulation building where the waste is drummed for shipment.

The accumulation building is designed for waste storage with secondary containment, fire resistant material and easily cleaned.

This accumulation building is at 3117 Research Drive. It was placed at this location because it could more easily meet the regulations for ignitable waste and the hazardous

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) George M. Pollinsky Date 2-4-2002

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 2-4-2002 Identification Number PAD 987283 396

Company/Facility/Site Name Centre Analytical Laboratories

waste is outside the production (sampling) area and
has less traffic. Only authorized + trained personnel
have access to the accommodation building.

Centre Analytical Laboratories Inc. is preparing
Notification of Hazardous Waste Activity - Subsequent Notification
for this facility.

It should be sent to my attention at:

Department of Environmental Resources

Bureau of Land Recycling & Waste Management

208 West Third Street Suite 101

Williamsport, Pa 17701

Review of the manifest shows that hazardous waste
is transported to a TSD facility under the 90 days for a Generator
dwell under the 180 days for a Small Quantity generator.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Bijan Zolghadr Date 2.4.02

Inspector (signature) Gregory M. Peden Date 2/4/2002



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 7-25-2001
Time Start 8:45 AM
Time Finish 2:00 PM

HAZARDOUS WASTE INSPECTION REPORT
☐ GENERATOR ☒ S Q GENERATOR

Company name CENTRE ANALYTICAL LABORATORIES I.D. Number PA0987283967
Site Address 3048 RESEARCH DRIVE STATE COLLEGE
County CENTRE Municipality FERGUSON TWP Zip 16801
Name of Inspector GEORGE M. POLANSKY (570) 327-3729
Name & Title of Responsible Official RICHARD GRAZZINI, PRESIDENT
Person Interviewed B. JAN ZOLENADR Telephone (814) 231-8032
Mailing Address (if different from above) FAX 814 231-1580
Amount of Hazardous Waste Generated per Month: _____ Pounds between 100 + 1000 Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____
GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☒ Small Quantity Handler

Universal Waste Types FLUORESCENT LAMPS

3. Hazardous Waste Transporters:

Transporter Name EDWARD ARMSTRONG & SONS License Number PA AH 0027
Transporter Name _____ License Number _____
Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
F003	RQ FLAMMABLE LIQUID	MARISOL INC
F002	RQ HW SOLIDS	MIDLSEX, NJ
		NJD 002 454544

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name CENTRE ANALYTICAL LABORATORIES ID Number PA0987283 967 Date 7-25-2001

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
	X			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

**HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS**

Site Name CENTRE ANALYTICAL LABORATORIES ID Number PAD987283967 Date 7-25-2001

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
X				CONTAINERS (Subchapter I)			
X				Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
X				Containers of hazardous waste in good condition	265a.1	265.171	H026
X				Containers and stored waste compatible	265a.1	265.172	H027
X				Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
X				Containers managed to prevent leaks	265a.1	265.173(b)	H029
X				Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
X				Container storage areas inspected at least weekly	265a.1	265.174	H031
X				Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
X				Proper containment and collection systems in place	265a.179		H033
X				Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
X				Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
X				Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
X				Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 7-25-2001 Identification Number PAD 987 28396
 Company/Facility/Site Name CENTRE ANALYTICAL LABORATORIES Inc

Centre Analytical Laboratories Inc is located at 3048 Research Drive, Ferguson Township, Pennsylvania.

Centre Analytical Laboratories does analysis of both aqueous and soil samples for parameters requested by the person or the authority contracting for the analysis.

In the process of analysis hazardous waste is generated.

There are two buildings at this location.

Building 1 has an upper level and lower level. There are presently two satellite accumulation areas in building. More correctly there are two units in building 1 that generate hazardous waste. In each unit there may be more than one type of hazardous waste generated. In this case each unit will have a separate satellite accumulation area.

The satellite accumulation areas are in the analytical work areas where the work is being done. These satellite areas consist of a container of a gallon or less that is kept in the hooded work area. Containers are labeled with the type of waste that it contains & also hazardous waste. Containers are kept closed except when waste is added or removed.

The satellite accumulation containers are collected daily and taken to the waste accumulation building located at 3117 Research Drive, where the waste is drummed for shipment. Drums have Start date & are properly labeled. Empty containers are returned to the Satellite accumulation area & are reused.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

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Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Bijan Zlyhad Date 7-25-01
 Inspector (signature) Gregory M. Polinsky Date 7-25-2001

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 7-25-2001 Identification Number PAD 987283967
Company/Facility/Site Name Centre Analytical Laboratories Inc

Building Two (2) has three (3) floors. Work areas are located on each floor. Satellite accumulation areas are set up in each work area as needed. The satellite accumulation area consists of a container of 1 gallon or less. This is labeled with the type of waste & also Hazardous Waste.

Procedure for emptying the containers is as at building one. They are taken each day to the waste accumulation area where they are placed in expedient drums for shipment off site. The empty containers are reused.

A review of the manifests show that the waste is removed well under the 90 days accumulation time for a generator & far less than the 180 days for a small quantity generator.

The amount of waste generated at this facility is down from last inspection. Bijan Zolghadri, Safety Officer & Lab Supervisor credits changes in many of the analytical procedures for lessening the amount of Hazardous Waste generated despite the increase in work load.

The waste accumulation area is a separate building with built-in secondary containment. Hazardous Waste Containers on site with waste were dated and properly labeled with Hazardous Waste label & also to identify content of drum.

Reception area has moved from building 1 to building 2.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but do acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Bijan Zolghadri Date 7-25-01
Inspector (signature) George M. Paluszky Date 7-25-2001

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

PAD987283967P

II. Name of Installation (Include company and specific site name)

CENTRE ANALYTICAL LABORATORIES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3048 RESEARCH DRIVE

Street (Continued)

City or Town

STATE COLLEGE

State

Zip Code

PA 16801-

County Code

County Name

027 CENTRE

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME AS ABOVE

City or Town

State

Zip Code

-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

GRAZZINI

(First)

RICHARD

Job Title

PRESIDENT

Phone Number (Area Code and Number)

814-231-8032

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing☒

B. Street or P.O. Box

City or Town

State

Zip Code

-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

SAME AS ABOVE

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

-

Phone Number (Area Code and Number)

-

B. Land Type

P

C. Owner Type

P

D. Change of Owner
Indicator

Yes

No

Date Changed
Month Day Year

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities

1. Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs)
 2. Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
 4. Exempt Boiler and/or Industrial Furnace
☐ a. Smelting, Melting, and Refining Furnace Exemption
☐ b. Small Quantity On-Site Burner Exemption
☐ 5. Underground Injection Control

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
☐ a. Transporter
☐ b. Transfer Facility
 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
☐ a. Processor
☐ b. Re-refiner
☐ 3. Off-Specification Used Oil Burner
 4. Used Oil Fuel Marketer
☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

B. Universal Waste Activity

- ☐ Large Quantity Handler of Universal Waste

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F001	2 F002	3 F003	4 F005	5	6
7	8	9	10	11	12

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001) <input checked="" type="checkbox"/>	2. Corrosive (D002) <input checked="" type="checkbox"/>	3. Reactive (D003) <input checked="" type="checkbox"/>	4. Toxicity Characteristic <input checked="" type="checkbox"/>

1. 0008 2. 0009 3. 4.

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Richard A. Grazzini</i>	Name and Official Title (Type or print) RICHARD A. GRAZZINI, PRESIDENT	Date Signed 03/02/2000
---	---	---------------------------

XI. Comments

Notification revised per instruction by George Polansky, following site audit.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

REMOVED TRANSP. STATUS AS PER STATE INSPECTION.

bar/dc 4/14/00

ID - For Official Use Only

IX. Description of Hazardous Wastes (Continued; Additional Sheet)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96

B. Toxicity Characteristic Hazardous Wastes. (See 40 CFR 261.24; Use this page only if you need to list more than 4 waste codes.)

5	6	7	8	9	10
11	12	13	14	15	16
17	18	19	20	21	22



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 2-7-2000
Time Start 8:20 AM
Time Finish 2:45 PM

HAZARDOUS WASTE INSPECTION REPORT
☐ GENERATOR ☒ S Q GENERATOR

Company name CENTRE ANALYTICAL LABORATORIES I.D. Number PA0987283967
Site Address 3048 RESEARCH DRIVE STATE COLLEGE
County CENTRE Municipality FERGUSON TWP Zip 16801
Name of Inspector GEORGE M. POLANSKY (570) 327-3729
Name & Title of Responsible Official RICHARD GRAZZINI, PRESIDENT
Person Interviewed RIK GRIZZINI Telephone (814) 231-8032
Mailing Address (if different from above) _____
Amount of Hazardous Waste Generated per Month: _____ Pounds over 100 less than 1000 Kgs

1. Site Characterization:

STORAGE: ☒ Container ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad Other _____
PBR: ☐ Neutralization/WWTP ☐ Reclaim Other _____
GENERATOR TREATMENT ☐ Containers ☐ Tanks ☐ Containment Bldg. ☐ Drip Pad

2. Universal Waste: ☐ Large Quantity Handler ☐ Small Quantity Handler

Universal Waste Types FLUORESCENT LAMPS

3. Hazardous Waste Transporters:

Transporter Name EDWARD ARMSTRONG & SONS License Number PA AH 0027
Transporter Name VAN WATERS & ROGERS License Number PA AH 0334
Transporter Name _____ License Number _____

4. Types of hazardous waste generated and destination facility (location & type).

Waste Code	Waste Description	Destination Facility
<u>F003, F002</u>	<u>RR WASTE FLAMMABLE SOLID</u>	<u>MARISCAL INC NAD002489544</u>
<u>F002</u>	<u>RR WASTE DICHLOPOMETHANE MIXTURE</u>	<u>MIDDLESEX, NJ</u>
<u>D008</u>	<u>RR HAZARDOUS WASTE SOLID (D008)</u>	<u>VAN ROLL AMERICA INC</u>
		<u>ELIZABETH, NJ</u>

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT GENERATORS -- SMALL QUANTITY GENERATORS

Site Name CENTRE ANALYTICAL LABORATORY ID Number PA0987283967 Date 2-7-2000

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED. CIT. 40 CFR	LINE NO.
X				Hazardous waste determination performed on all waste streams	262a.10	262.11	H001
X				Identification Number	262a.10	262.12	H002
X				Authorized transporters only	262a.10	262.12(c)	H003
X				Subsequent notification requirements met	262a.12(b)		H004
X				Proper manifest used	262a.10	262.21	H005
X				Manifests filled out correctly and completely	262a.20		H006
X				Manifests signed and routed properly	262a.23(a)	262.23	H007
	X			Generator waste accumulated on site for 90 days or less	262a.10	262.34(a)	H008
X				SQG waste accumulated on site for 180 days max unless 200 mile distance rule applies - 270 days	262a.10	262.34(e)(f)	H009
X				SQG waste accumulated on-site never exceeds 6000 kg	262a.10	262.34(e)(f)	H010
X				Satellite accumulation requirements complied with	262a.10	262.34(c)	H011
X				Personnel training program per 265.16 complied with	262a.10	262.34(a)(4) 262.34(d)	H012
X				Manifest exception and biennial reports retained for 3 years	262a.10	262.40(a)(b)	H013
X				Specified records retained for three years	262a.10	262.40(c)	H014
	X			Biennial reports submitted to the Department (LQG only)	262a.41	262.41	H015
X				Exception reporting procedures followed	262a.42	262.42	H016
X				Spill reporting procedures followed	262a.10	262.34(d)	H017
X				PPC plan developed and implemented	262a.10	262.34(a)	H018
	X			Special requirements followed for international shipments	262a.10	262.50 262.60	H019
	X			Source reduction strategy prepared and available (LQG only)	262a.100		H020
X				Excluded waste complies with exclusionary requirements	261a.4	261.4	H021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

HAZARDOUS WASTE INSPECTION REPORT
GENERATORS -- SMALL QUANTITY GENERATORS
FACILITY SPECIFICS

Site Name CENTRE ANALYTICAL LABORATORIES ID Number PAD 987283967 Date 2-7-2000

1 - No Violation Observed 2 - Not Applicable 3 - Not Determined 4 - Non Compliance

STATUS

1	2	3	4	REQUIREMENT	PA CIT. 25 PA Code	FED CIT. 40 CFR	LINE NO.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTAINERS (Subchapter I)			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed in compliance with 40 CFR Part 265 Subpart I and 25 PA Code Chapter 265a Subchapter I	262a.10	262.34	H025
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers of hazardous waste in good condition	265a.1	265.171	H026
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers and stored waste compatible	265a.1	265.172	H027
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers kept closed except during addition or removal of wastes	265a.1	265.173(a)	H028
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers managed to prevent leaks	265a.1	265.173(b)	H029
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container configuration and spacing insures safe management and access for inspection purposes and emergency equipment	265a.173		H030
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Container storage areas inspected at least weekly	265a.1	265.174	H031
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special requirements for ignitable or reactive and incompatible waste complied with	265a.1	265.176-177	H032
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper containment and collection systems in place	265a.179		H033
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air emission standards complied with (AA, BB, CC)	265a.1	265.178	H034
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers clearly marked with accumulation date and visible for inspection	262a.10	262.34(a)(2)	H035
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled "Hazardous Waste"	262a.10	262.34(a)(3)	H036
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers labeled accurately identify contents	SWMA 6018.403(b) (2)		H037

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 2-7-2000 Identification Number PAD 987 283 967
Company/Facility/Site Name CENTRE ANALYTICAL LABORATORIES

Centre Analytical Laboratories is located at 3048 Research Drive
Ferguson Township, Centre County, Pennsylvania.

Centre Analytical Laboratories does analysis of both aqueous and
solid samples for parameters requested by person or authority contracting for
the analysis. Also the analysis of the sample hazardous waste is
generated.

There are two buildings at this location. CAL Building One
has Satellite accumulation areas at Lab 104 and Lab 105 on first floor and
the extraction lab on the lower level floor. The satellite accumulation areas
are under hood in the labs and are 1 gallon containers or smaller. These containers
are kept closed except when adding or removing waste. The satellite containers
are emptied each day in the waste containers in the Chemical Waste Storage area
on the lower level of building one.

Building CAL Two has satellite accumulation areas in the
hood areas of Lab A307 and A308 Third floor. Lab A209 and Lab A210
Second floor and Lab A111, Lab A113 and Lab A101 of the first
floor. These satellite accumulation areas are under hoods and
are 1 gallon containers or less to accumulate the hazardous waste.
These containers are emptied each day into drums in the waste
storage area A100 on the first floor of Building Two.

Drums in the waste storage areas are labeled and marked with
the accumulation date.

Review of manifest indicates that waste is removed usually
twice a month and is well under the 180 days for small quantity
Generator.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is
formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning
either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be
deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does
acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) _____ Date _____

Inspector (signature) George M. Polinsky Date 2-7-2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 2-7-2000 Identification Number PAD 987283 967
Company/Facility/Site Name Centre Analytical Laboratories

A review of manifest for Centre Analytical Laboratories indicates that they are still a Small Quantity Generator but are getting close to the 2200 lbs or 1000 kg per month. That may happen requiring a Subsequent Notification of Hazardous Waste Activity. Centre Analytical Laboratories is opening a new facility at 3117 Research Drive. This will take some of the work from the present facility and keep the hazardous waste below 1000 kg/mo. This should be monitored by Centre Analytical Laboratories, so that notification of change in status will be made if needed.

P2E2 - Fluorescent Lamps have been added to the "Universal waste". Spent fluorescent lamps can now be managed as a hazardous waste or managed under the universal waste rule. Using a type of lamp that is not hazardous waste would eliminate fluorescent lamps and the problems in handling them when they become waste.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Richard G. Brown

Date 7-FEB-00

Inspector (signature) George M. Calanchi

Date 2-7-2000



UNIVERSE MAINTENANCE FORM

1. EPA ID NUMBER	<div style="display: flex; justify-content: space-around; font-family: monospace; font-size: 1.2em;"> PAD987283967 </div>
2. FACILITY NAME <u>Centre Analytical Labs</u>	
3. NOTIFICATION DATE <u>2/07/00</u>	4. SOURCE (circle one): N A <u>S</u> E

WASTE ACTIVITY	5. TYPE (New Status) (circle one)	6. RCRA REGULATORY STATUS (circle one)	7. STATUS DESCRIPTION (circle one)
GENERATOR (Current Status) <u>1 LQG</u> 2 SQG 3 CESQG 4 Other _____	1 LQG <u>2 SQG</u> 3 CESQG N Not a generator, verified Blank Unverified	<u>R</u> RCRA Regulated P Pending A Regulated under another ID Number N Not RCRA Regulated (closed, non-handler)	1 Conditionally Exempt Small Quantity Generator 2 Definitionally excluded waste 3 Delisted wastes 4 One-time generator 5 Periodic generator 6 No longer generating hazardous waste, still in business 7* No longer generating hazardous waste, no longer in business 8* Never generated hazardous waste 9 ID number to transport non-hazardous waste 10 Regulated under another ID number (*most commonly used)

STATUS CHANGE DETERMINED BY:

<input checked="" type="checkbox"/> Inspection Report	<input type="checkbox"/> Revised Notification
<input type="checkbox"/> Revised Notification from the Facility	<input type="checkbox"/> EPA Clean Closure Certificate
<input type="checkbox"/> State Documentation Certifying Clean Closure	<input type="checkbox"/> Affidavit from the Facility
<input type="checkbox"/> Affidavit from the State	<input type="checkbox"/> Biennial Report
<input type="checkbox"/> Documentation not Required	<input type="checkbox"/> Other (explain below)

EPA/BAH Use Only
 Date to Data Entry _____
 Batch Number _____
 Date QA'd _____



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Biennial Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

⁺
PAD987283967

12/03/99

INSTALLATION ADDRESS

CENTRE ANALYTICAL LABS
3048 RESEARCH DR
STATE COLLEGE , PA 16801
RICHARD GRAZZINI PRESIDENT

3048 RESEARCH DR
STATE COLLEGE , PA 16801

EPA Form 8700-12A (1/98)

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

NOV 29 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

P A D 9 8 7 2 8 3 9 6 7

II. Name of Installation (Include company and specific site name)

C E N T R E A N A L Y T I C A L L A B O R A T O R I E S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 0 4 8 R E S E A R C H D R I V E

Street (Continued)

City or Town

S T A T E C O L L E G E

State

Zip Code

P A

1 6 8 0 1 -

County Code

County Name

0 2 7

C E N T R E

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

G R A Z Z I N I

R I C H A R D

Job Title

Phone Number (Area Code and Number)

P R E S I D E N T

8 1 4 - 2 3 1 - 8 0 3 2

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

☒
☐
☐

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

S A M E

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

P

P

Yes

No

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☒ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☒ 3. Highway *PORTAL TO PORTAL, 500'*
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractory
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☒ ☒ ☒ ☒ D008 D009

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 5	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Richard A. Grazzini

Name and Official Title (Type or print)

RICHARD A. GRAZZINI, PRESIDENT

Date Signed

11-NOV-99

XI. Comments

TRANSPORT (VIII.A.2.a) IS PORTAL TO PORTAL, 500 FT FROM THIS SITE TO A SECOND SITE (3117 RESEARCH DR.), USING A DEAD END PUBLIC STREET.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

*changes gen status from S04 to L04**ban/jc 11/29/99*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT - HAZARDOUS WASTE SMALL QUANTITY GENERATOR

Site I.D. PAD 987283 967 Telephone # (814) 231-8032
 Site Name Centre Analytical Lab Operator Name Mike Arjmand
 Address 3048 Research Dr. Address 1065 Crabapple Dr.
State College, Pa 16801 State College Pa 16801
 Municipality Ferguson Twp County Centre
 Responsible Official Richard Grazzini Title Dir. of Marketing
 Person Interviewed _____ Title _____
 Inspector Bernie Rosarschick Time 1000 - 1200 T = 5

Due Date _____ Inspection Date 23 March 95 Inspection Type _____ Facility Type _____ Inspector ID 2438 # Violation 0

Are hazardous wastes transported off-site by this generator? ☒ Yes ☐ No

If not, license number(s) and expiration dates of transporter(s): _____

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE ITEM
1	2	3	4			
<input checked="" type="checkbox"/>				Amount of wastes generated per month is within small quantity generator limits	261.5(a)	H130
<input checked="" type="checkbox"/>				Amount of waste accumulated is within small quantity generator limits	261.5(d)	H131
<input checked="" type="checkbox"/>				Hazardous waste determination (262.11)	261.5(g)(1)	H132
<input checked="" type="checkbox"/>				Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H133
<input checked="" type="checkbox"/>				Storage within time limit specified (261.5(d))	261.5(g)(2)	H134
<input checked="" type="checkbox"/>				Manifest system used for off-site transport	262.20(a)	H135

261.5 Indicate below the method of handling of the waste:

- ☐ a. Treatment or disposal at permitted on-site facility.
 Permit Number _____ Treatment _____ Disposal _____
- ☐ b. Delivered to a PA haz. waste facility. Name of facility: _____
- ☐ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: _____
- ☒ d. Delivered to an approved out-of-state facility. Name of facility: Marisol Inc., 125 Factory Lane, Middletown NJ 08846
- ☐ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: _____

pg 1 of 2

Inspection Report Comments

Date of Inspection 23 March 95 Identification Number PAD 987283967
Company/Facility/Site Name Center Analytical Lab

On the 23rd of March 1995, I conducted a follow-up inspection of the above named facility. I found no violations. The facility must ship almost all waste of as hazardous. The company is planning on building a new lab next to its current location to do "FIFRA" work.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature) Richard J. Smith Date 23 March 95
Inspector (signature) [Signature] Date 23 Mar 95

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

506
X

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

P A D 9 8 7 2 0 3 9 6 7

II. Name of Installation (Include company and specific site name)

C E N T R E A N A L Y T I C A L L A B O R A T O R I E S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3 0 4 8 R E S E A R C H D R I V E

Street (Continued)

City or Town

S T A T E C O L L E G E

State

Zip Code

P A

1 6 8 0 1 -

County Code

County Name

0 2 7 C E N T R E

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S A M E

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

G R A Z Z I N I

R I C H A R D

Job Title

Phone Number (Area Code and Number)

D I R M A R K E T I N G

8 1 4 - 2 3 1 - 8 0 3 2

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

X

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

S A M E

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes

No

Month

Day

Year

+

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

☐ 1. Smelter Deferral

☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☒

2. Corrosive (D002)

☒

3. Reactive (D003)

☒

4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒

D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1

F 0 0 2

7

U 0 1 9

2

F 0 0 3

8

U 2 2 0

3

U 0 0 2

9

U 1 5 4

4

U 0 0 3

10

5

U 1 1 2

11

6

U 0 8 0

12

C. Other Wastes. (State or other wastes requiring a handler to have an ID number; See instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Richard A. Grazzini

Name and Official Title (Type or print)

RICHARD A. GRAZZINI
DIRECTOR OF MARKETING

Date Signed

6-8-94

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ID - For Official Use Only

IX. Description of Regulated Wastes (Additional Sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120



Centre Analytical Laboratories, Inc.

3048 Research Drive
Phone: (814) 231-8032

State College, PA 16801
Facsimile: (814) 231-1253

File
cc: EPA

filed

*rk
Pisarchik*

June 8, 1994

Bernie Pisarchik
PA DER BWM
200 Pine St
Williamsport PA 17701

Bernie,

Enclosed find our revised Notification of Regulated Waste Activity form. During our exit interview last week, you requested that I send this directly to you so that your office had a copy, and that you would forward it to the EPA.

In completing IX.B., I listed the F-listed wastes we dispose of (the solvent mixtures) and the U-listed products which we use (and which may spill and thus generate a U-listed waste). I completed this section after a phone conversation with Tim Kirkland.

If you need further information, please call.

Cordially,

Rick Grazzini
Rick Grazzini

encl.: completed EPA 8700-12

WASTE REPORT/CL

Pennsylvania Department of Environmental Resources
Bureau of Waste ManagementSUPPLEMENT TO U.S. EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM
(EPA Form 8700-12)

I. Installation's EPA I.D. Number

P A D 9 8 7 2 0 3 9 6 7

II. Name of Installation

CENTRE ANALYTICAL LABORATORIES

III. Location of Installation

STATE COLLEGE

Municipality (Township, Borough, City)

CENTRE

County

IV. IRS Employer Identification Number

25 — 1529166

V. SIC Codes (four-digit number in order of priority)

0934

Specify: _____

Specify: _____

Specify: _____

Specify: _____

VI. Type of Hazardous Waste Activity

☐ 1. Generator☒ 2. Small Quantity Generator☐ 3. Treatment☐ 4. Storage☐ 5. Disposal☐ 6. Reuse, Recycle, Reclaim☐ 7. Permit by Rule☐ a. Waste H₂O Treatment Elementary Neutralization☐ b. Reclamation (see Instructions)

VII. Existing Environmental Permits

A. NPDES (Discharges to Surface Water)

D. PSD (Air Emissions from Proposed Sources)

B. UIC (Underground Injection of Fluids)

E. Municipal Waste (As defined in Act 97)

C. RCRA (Hazardous Waste)

F. Residual Waste

G. Permit by Rule

Name of POTW _____

POTW NPDES Number

H. Other

INSTRUCTIONS FOR SUPPLEMENT TO U S EPA NOTIFICATION OF HAZARDOUS WASTE ACTIVITY FORM (EPA FORM 8700-12).

Pennsylvania may have requirements that vary from the Federal regulations. It is your responsibility to comply with all regulations that apply to you. For more information on Pennsylvania's requirements, you are strongly urged to contact the Department at 717-787-6239.

The Notification Form should be sent to: Pennsylvania Department of Environmental Resources, Bureau of Waste Management, P.O. Box 8471, Harrisburg, PA 17105-8471.

Item I - Installation's EPA ID Number

Enter the EPA Identification Number for your facility. If you do not have an EPA Identification Number, please contact U.S. EPA Region III at 215-597-1230.

Item II - Name

Enter the legal name of the installation.

Item III - Location of Installation

Enter the municipality and county information if the physical facility location is within Pennsylvania. A municipality is the city, borough, or township within which the installation is physically located.

Item IV - IRS Employer Identification Number

Enter the Employer Identification Number assigned by the Internal Revenue Service. If you are not required to have a number enter "N/A".

Item V - SIC Codes

List, in descending order of significance, the four-digit Standard Industrial Classification (SIC) Codes which best describe your activity in terms of the principal products or services you produce or provide. Also specify each classification in words. These classifications may differ from the SIC Codes describing the operation generating the hazardous wastes.

SIC Code numbers are descriptions which may be found in the *Standard Industrial Classification Manual* prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual.

Item VI - Type of Hazardous Waste Activity

1. Treater, 2. Storer, 3. Disposer

If you treat, store, or dispose of regulated hazardous waste, mark an "X" in the appropriate box. If you check one or more of these boxes, you are reminded that you should request a permit application.

4. Reuse, Recycle, Reclaim

If you reuse, recycle, reclaim hazardous waste, mark an "X" in this box. Attach a detailed description of your recycling activities to support your claim. Refer to the Department's regulations for requirements which may be more stringent than the Federal. Call the Department at 717-787-6239 if you have any questions.

5. Permit by Rule

If you request or claim Permit by Rule mark an "X" in this box. Attach a description of your system and other available information in support of your request.

Item VII - Existing Environmental Permits

Enter the permit number for each Federal or State permit for your location. If you have filed an application but have not yet received a permit enter the number of the application, if any. If you have more than one permit under a particular permit program, list the additional permit numbers on a separate sheet of paper. If you checked Permit by Rule in Item VI and discharge to a publicly-owned treatment works (POTW), complete Item VII, G.

I. Installation's EPA I.D. Number

P	A	D	9	8	0	7	1	4	9	7	6
---	---	---	---	---	---	---	---	---	---	---	---

II. Name of Installation

Centre Engineering, Inc.

III. Location of Installation

Elizabeth Street, Osceola Mills, PA 1666

Municipality (Township, Borough, City)

Clearfield

County

IV. IRS Employer Identification Number

04 — 2554973

V. SIC Codes (four-digit number in order of priority)

3	6	7	5
---	---	---	---

Specify: Electronic Capacitors

--	--	--	--

Specify:

--	--	--	--

Specify:

--	--	--	--

Specify:

VI. Type of Hazardous Waste Activity

- ☒ 1. Generator ☐ 6. Reuse, Recycle, Reclaim
☐ 2. Small Quantity Generator ☐ 7. Permit by Rule
☐ 3. Treatment
☐ 4. Storage ☐ a. Waste H₂O Treatment Elementary Neutralization
☐ 5. Disposal ☐ b. Reclamation (see Instructions)

VII. Existing Environmental Permits

A. NPDES (Discharges to Surface Water)

[illegible]

B. UIC (Underground Injection of Fluids)

[illegible]

C RCRA (Hazardous Waste)

[illegible]

D. PSD (Air Emissions from Proposed Sources)

[illegible]

E. Municipal Waste (As defined in Act 97)

[illegible]

F. Residual Waste

[illegible]

G. Permit by Rule

Name of POTW

POTW NPDES Number[illegible]

H. Other

[illegible]

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

IN THE MATTER OF:

Centre Analytical Laboratories, Inc.	:	Improper Disposal of
Ferguson Township	:	Hazardous Waste
Centre County	:	

CONSENT ASSESSMENT OF CIVIL PENALTY

NOW, this 18th day of November, 1994, the Commonwealth of Pennsylvania, Department of Environmental Resources ("Department"), has determined the following findings of fact:

- A. The Department is the agency with the duty and authority to administer and enforce the Solid Waste Management Act, Act of July 7, 1980, P.L. 380, as amended, 35 P.S. §6018.101 et seq. ("SWMA"), and the rules and regulations of the Environmental Quality Board adopted thereunder.
- B. Centre Analytical Laboratories, Inc. (hereinafter "CAL") is a Pennsylvania based corporation that operates an analytical laboratory in State College, Pennsylvania with a mailing address of 3048 Research Drive, State College, PA 16801 (hereinafter "lab").
- C. In the course of doing business, CAL generates hazardous waste at the lab and is identified by EPA ID# PAD987283967.
- D. The Department determined, and CAL agrees, that CAL caused or allowed the following violations on June 2, 1994:
 1. In response to a complaint, the Department conducted an investigation of CAL on June 2, 1994. During that time, the Department observed that CAL had improperly disposed of a small amount of hazardous waste in the municipal waste dumpster. Specifically, sample numbers 2438030 and 2438031 were hazardous for flashpoint. Accordingly, CAL violated the provisions of §§401(a) and 403(b)(9) of the SWMA, 35 P.S. §§6018.401(a) and 6018.403(b)(9).
- E. The violations described in Paragraph D, above, constitute unlawful conduct and a public nuisance pursuant to §§610 and 601 of the SWMA, 35 P.S. §§6018.610 and 6018.601.
- F. Section 605 of the SWMA, supra, 35 P.S. §6018.605 provides that the Department may assess a civil penalty of up to TWENTY FIVE THOUSAND DOLLARS (\$25,000.00) per day for each violation of the Solid Waste Management Act.
- G. After complete negotiations in the matter between the parties hereto, the Department and CAL agree to a settlement of the Department's claims for civil penalties for the violations identified in Paragraphs D and E, herein, as follows:
 1. Pursuant to the Department's authority under Section 605 of the SWMA, supra, 35 P.S. §6018.605, a Civil Penalty in the amount of SIX THOUSAND ONE HUNDRED AND FIFTY DOLLARS

(\$6,150.00), \$5,150.00 of which is a portion of the costs incurred by the Department, is hereby assessed against and agreed to by CAL. Payment of this Civil Penalty shall be made as follows: Submittal of a certified check or the like made payable to the "Commonwealth of Pennsylvania, Solid Waste Abatement Fund", and forwarded to:

Attention : Richard L. Bittle, Environmental Protection Manager
NORTHCENTRAL REGION
FIELD OPERATIONS - WASTE MANAGEMENT
200 Pine Street
Williamsport, Pennsylvania 17701-6510

2. CAL hereby consents to this Civil Penalty Assessment issued pursuant to Section 605 of the SWMA, supra, 35 P.S. §6018.605 and waives its right to appeal from this Assessment which rights are available pursuant to Section 4 of the Environmental Hearing Board Act, the Act of July 13, 1988, P.L. 530, 35 P.S. §7514, the Administrative Agency Law, the Act of June 4, 1945, P.L. 1388, as amended, 2 Pa. C.S. §103(a) and Chapters 5A and 7A.

- H. By entering into this Consent Assessment of Civil Penalties, the Department only waives its right to bring an action for civil penalties for the specific violations set forth in Paragraphs D and E, herein, for the dates set forth therein. Nothing herein shall be construed to imply that the Department waives any other rights which it may have concerning said violations or relieves CAL from any future liability for environmental damages resulting from the activities described herein.

FOR CENTRE ANALYTICAL
LABORATORIES, INC:

The undersigned states, subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authority, that he/she is authorized to execute this Agreement on behalf of CAL.

* Michael Arjmand 11/14/94
Name Date

Michael Arjmand
President
Title

Dayton Coles 11/14/94
Name Date

Dayton Coles
Secretary
Title

FOR THE DEPARTMENT OF
ENVIRONMENTAL RESOURCES:

Richard L. Bittle 11/18/94
Richard L. Bittle Date
Regional Environmental Protection
Manager

APPROVED AS TO FORM AND LEGALITY:

W. J. Taber 11/18/94
Attorney for the Commonwealth Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENTINSPECTION REPORT - HAZARDOUS WASTE
SMALL QUANTITY GENERATOR

Site I.D. PAD 987283967
 Site Name Centre Analytical Lab
 Address 3048 Research Dr.
State College Pa 16801
 Municipality Ferguson Twp.
 Responsible Official Richard Gnazzini
 Person Interviewed same
 Inspector Bernard Pwaischke

Telephone # (814) 231-8032
 Operator Name Mike Anjman
 Address 1065 Crabapple Dr
State College Pa 16801
 County Center
 Title Dir. of Marketing
 Title _____
 Time 1200 to 1830

Due Date _____ Inspection Date 2 June 94 Inspection Type _____ Facility Type _____ Inspector ID 2438 # Violation 1

Are hazardous wastes transported off-site by this generator? Yes ☒ No

If not, license number(s) and expiration dates of transporter(s): PAD014286009

1-No Violation Observed 2-Not-Applicable 3-Not-Determined 4-Non-Compliance

STATUS				REQUIREMENT	CHAPTER CITATION	LINE ITEM
1	2	3	4			
<input checked="" type="checkbox"/>				Amount of wastes generated per month is within small quantity generator limits	261.5(a)	H130
<input checked="" type="checkbox"/>				Amount of waste accumulated is within small quantity generator limits	261.5(d)	H131
<input checked="" type="checkbox"/>				Hazardous waste determination (262.11)	261.5(g)(1)	H132
<input checked="" type="checkbox"/>				Records of quantities, descriptions and dispositions of all wastes retained for five years and furnished to the Department upon request	262.11(d)	H133
<input checked="" type="checkbox"/>				Storage within time limit specified (261.5(d))	261.5(g)(2)	H134
			<input checked="" type="checkbox"/>	Manifest system used for off-site transport	262.20(a)	H135

261.5 Indicate below the method of handling of the waste:

- ☐ a. Treatment or disposal at permitted on-site facility.
 Permit Number _____ Treatment _____ Disposal _____
- ☐ b. Delivered to a PA haz. waste facility. Name of facility: _____
- ☐ c. Delivered to a PA municipal or residual facility with Form S approval. Name of facility: _____
- ☒ d. Delivered to an approved out-of-state facility. Name of facility: Marisol Inc.
125 Factory Lane, Middletown N.J. 08846
- ☐ e. Delivered to a reclamation, reuse, or recycle facility. Name of facility: _____

Inspection Report Comments

Date of Inspection 2 June 94 Identification Number PAD 987283967
Company/Facility/Site Name Centre Analytical Lab.

On the 2nd of June 1994, myself and Tim Kirkland, Bob Rusey, George Polansky, Jim Diehl, Jim Breaux, & Shawn Houseknecht along with Harrisburg's Mobile Analytical Units conducted a complaint investigation/haz waste insp of the above named facility. The following violations/observations were noted.

1. 4 manifest did not have return copies.
2. Haz waste (soil) is being disposed of improperly.

Observations: 1. We took several samples of vapor & soil/liquid from the ST-I dumpsters.
2. The Lab is disposing of ~~more~~ solvent extracted soil in the dumpster.
3. Liquid non-solvent wastes are disposed of down the drain. We will need a letter of approval from the sewage treatment plant.
4. Solvent wastes are placed under the vent hood to volatilize the solvents off the waste.

In the "Requirement" Section of this inspection report, each listed inspection item may provide only a brief version of its corresponding obligation as described in the body of the regulations. Please use the Chapter citations listed on this inspection report as a reference to obtain a detailed description of compliance requirements.

This inspection report is official notification that a representative of the Department of Environmental Resources, Bureau of Waste Management, inspected the above installation. The findings of this inspection are shown in this report. This inspection report shall serve a formal notification of any violations which were observed during the inspection. Violations may also be discovered upon examination of the results of laboratory analyses and review of Department records. Additional notification may be forthcoming, concerning any violations indicated herein and listing any additional violations.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (signature) [Signature] Date 2 June 94
Inspector (signature) [Signature] Date 2 June 94
Page 2 of 3

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection 2 June 94 Identification Number PAD 98728396 7
Company/Facility/Site Name Centre Analytical Labo.

5. The following solvents are used:
Hexane, 1,1,2 Trichloro Trifluoroethane, Ethyl Acetate,
Methylene Chloride, Acetone, Petroleum ether, Pentane,
Acetonitrile and also Nitric Acid, Sulfuric acid, HCl,
~~H₂SO₄~~, H₃PO₄, Acetic Acid & Na OH.

6. 2ml GC vials when disposed are crushed & air
dried under a vent hood then disposed in the dumpster.
The liquid is collected ~~and vented~~ sent off as haz-waste.

7. Ag Chem soils are being autoclaved either
on-site or at Penn State.

8. Generators about 1200 lbs/haz waste/month

We (D.E.R.) will be contacting Harrisburg to see
if soil is haz waste and if venting requires a permit.
CAL needs to re-notify EPA to change status from
Conditional Exempt to Small Quantity Generator.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the person interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person interviewed (signature) Richard Garvin Date 2 JUNE 94
Inspector (signature) [Signature] Date 2 June 94



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL RESOURCES

200 Pine Street
Williamsport, PA 17701-6510
October 17, 1994

Northcentral Regional Office

Mr. Richard Grazzini
Centre Analytical Laboratories, Inc.
3048 Research Drive
State College, PA 16801

Re: Improper Disposal of Hazardous Waste
Centre Analytical Laboratories, Inc.
EPA ID# PAD 987283967
Ferguson Township
Centre County

NOTICE OF VIOLATION

Dear Mr. Grazzini:

In response to a complaint filed with our office, the Department conducted an investigation of your facility on June 2, 1994. During that time, the Department observed that Centre Analytical Laboratories was improperly disposing of hazardous waste in the municipal waste dumpster. Specifically, sample numbers 2438030 and 2438031 were hazardous for flashpoint. The regulations for which Centre Analytical Laboratories are in violation are as follows:

Act 97 §6018.401(a) No person or municipality shall store, transport, treat, or dispose of hazardous waste within this Commonwealth unless such storage, transportation, treatment, or disposal is authorized by the rules and regulations of the Department

Act 97 §6018.403(b)(9) It shall be unlawful for any person or municipality who generates, transports, stores, treats, or disposes of hazardous waste to fail to treat, store and dispose of all such waste in accordance with the rules and regulations of the department and permits, permit conditions and orders of the department.

Act 97 §6018.610(4) It shall be unlawful for any person or municipality to store, collect, transport, process, treat, beneficially use or dispose of, or assist in the storage, collection, transportation, processing, treatment, beneficial use or disposal of, solid waste contrary to the rules or regulations adopted under this act, or orders of the department, or any term or any condition of any permit, or in any manner as to create a public nuisance or to adversely affect the public health, safety and welfare.

October 17, 1994

Please find enclosed analyses for sample numbers 2438030 and 2438031. The remainder of the samples are being returned to our office and will be forwarded to you when we have received them. Our labs have indicated that sample number 2438030 is a lacquer thinner and sample number 2438031 was a thick gray paint. I hope to have the cost breakdown from our labs by the end of the week and will forward a copy as soon as I receive it.

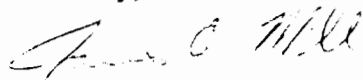
In regard to the settlement offer proposed at the October 14, 1994, meeting, the Department requests that you respond within fourteen (14) days from the date of this letter as to your intentions.

This letter does not waive, either expressly or by implication, the power or authority of the Commonwealth of Pennsylvania to prosecute for any and all violations of Law arising prior to or after the issuance of this letter or the conditions upon which the letter is based. This letter shall not be construed so as to waive or impair any rights of the Department of Environmental Resources, heretofore or hereafter existing.

This letter shall also not be construed as a final action of the Department of Environmental Resources.

If you have any questions concerning this matter, please feel free to contact me at (717) 327-3431.

Sincerely,



James E. Miller
Environmental Protection Compliance
Specialist

enclosures

cc: Mr. Dunkleberger

~~EPA~~
Field
File



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER



PAD987283967

INSTALLATION ADDRESS



GRAZZINI RICHARD QA OFFICER
CENTRE ANALYTICAL LABORATORIES
3048 RESEARCH DR
STATE COLLEGE PA 16801

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STATE COLLEGE PA 16801

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)AUG 7 1990
AUG 10 1990**I. Installation's EPA ID Number (Mark "X" in the appropriate box)**☒

A. First Notification

☐B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

PAAD987283967

II. Name of Installation (Include company and specific site name)

CENTRE ANALYTICAL LABORATORIES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

3048 RESEARCH DRIVE

Street (continued)

City or Town

STATTE COLLEGE

State

ZIP Code

PA

1

6

8

0

1

-

County Code

County Name

027

CENTRE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

GRAZZINI

RICHARD

Job Title

Phone Number (area code and number)

QUALIFIER

814-231-8032

VI. Installation Contact Address (See Instructions)A. Contact Address
Location Mailing☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

SAME

Street, P.O. Box, or Route Number

City or Town

State

ZIP Code

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner
Indicator(Date Changed)
Month Day Year

P

P

Yes

No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☒
3. Reactive (D003) ☒
4. EP Toxic (D000) ☐
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
U 0 0 2	U 0 0 3	U 0 1 9	U 0 8 0	U 1 5 4	
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

M. Michael Arjmand

Name and Official Title (type or print)

M. Michael Arjmand, President

Date Signed

2 August 1990

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)